

# HEALTH HABITS AND HISTORY QUESTIONNAIRE

This form asks you a variety of questions about your background, environment, and habits, which may affect or be related to your health. The information you provide will help scientists to understand more about the causes of disease.

This questionnaire will take about 40 minutes to complete. Please fill in the information requested, or place a check in the appropriate space. A few questions may be similar to ones you have answered before, but please do not skip any questions for this reason. If you are not sure about an answer, please estimate.

If you have any questions or would like help filling it out, please call \_\_\_\_\_ at \_\_\_\_-\_\_\_\_\_. Please return this questionnaire by \_\_\_\_\_. We thank you for your time and your contribution to this research.

TODAY'S DATE: 



 / 



 /

THIS SPACE  
FOR  
OFFICE USE

Please PRINT YOUR NAME (name of study participant)

[illegible]

In what STATE (or country, if not U.S.) were you born? \_\_\_\_\_

64 \_\_\_\_  
State Code

SOCIAL SECURITY NUMBER: 



 - 



 -

This information is completely voluntary. It will be used only to refer to statistical records maintained by the National Center for Health Statistics, in order to determine how health practices may be related to how long people live. For studies conducted by the National Institutes of Health, this information is collected under the authority of section 405(b)(1)(A) of the Public Health Service Act, 42 U.S.C. 284(b)(1)(A).

**A**  
**79 80**  
**1-10\***

[illegible]62 — —  
State Code

TELEPHONE: ( 

--	--	--

 ) - 

--	--	--

 - 

--	--	--	--

**What is your relationship to the person enrolled in the study?**

1\_\_\_Self      2\_\_\_Spouse      3\_\_\_ Relative      4\_\_\_Other

$$\begin{array}{r} \overline{74} \\ \mathbf{B} \\ \overline{79} \quad \overline{80} \end{array}$$

# THIS PAGE FOR OFFICE USE

PLEASE GO TO NEXT PAGE

## Information for coders:

Columns 1–10 are identical on each "card". They are omitted after page 2, but should be repeated on each card.

Col. 80 is blank on each card.

Enter number of the response which was checked (e.g., 1 for male, 2 for female).

For those questions in which a quantity is entered (e.g., years), code as entered.

"9" = Not Stated or Don't know. Leave no blanks. (Blanks are permitted in name and address fields on p. 1, and occupation field on p. 9).

P. 1, Col. 64–65, Col. 62–63: Use state codes shown below.

P. 3, Col. 11–17: Include century of birth: MM DD YYYY.

P. 3, Q 10: For each vitamin, code # pills in first two columns; code day, week, etc., in third column (1 = day, 2 = week, 3 = month, 4 = year); code mg/pill in fourth column, using codes shown at bottom of p. 3. If more than one "other vitamin" is checked, code = 8.

P. 5–6: Code as shown on p. 4.

P. 7, Q 14: Code first two columns of each food using codes at bottom of p.7, or additional codes from codebook or database. Code remaining four columns as shown at bottom of p.4.

P. 8, Col. 71–18: No–Yes in 1st column; # times in 2nd col. (8 = 8 or more); age in 3rd–4th col.

P. 8, Col. 46–47, 50–51: Use codes at bottom of p. 8.

## State codes:

01 AL Alabama	13 ID Idaho	25 MS Mississippi	37 OK Oklahoma	49 WV West Virginia
02 AK Alaska	14 IL Illinois	26 MO Missouri	38 OR Oregon	50 WI Wisconsin
03 AZ Arizona	15 IN Indiana	27 MT Montana	39 PA Pennsylvania	51 WY Wyoming
04 AR Arkansas	16 IA Iowa	28 NE Nebraska	40 RI Rhode Island	52 PR Puerto Rico
05 CA California	17 KS Kansas	29 NV Nevada	41 SC South Carolina	53 VI Virgin Islands
06 CO Colorado	18 KY Kentucky	30 NH New Hampshire	42 SD South Dakota	54 GU Guam
07 CT Connecticut	19 LA Louisiana	31 NJ New Jersey	43 TN Tennessee	55 Canada
08 DE Delaware	20 ME Maine	32 NM New Mexico	44 TX Texas	56 Cuba
09 DC District of Col.	21 MD Maryland	33 NY New York	45 UT Utah	57 Mexico
10 FL Florida	22 MA Massachusetts	34 NC North Carolina	46 VT Vermont	59 Remainder of World
11 GA Georgia	23 MI Michigan	35 ND North Dakota	47 VA Virginia	99 Unknown or blank
12 HI Hawaii	24 MN Minnesota	36 OH Ohio	48 WA Washington	

## Information for proper use of analysis program:

For use with the Personal Computer analysis program, the questionnaire must be keyed in 80-column lines, with the ID field in columns 1–10 of each line, and a line-identifying letter in column 79 of each line, starting with "A" and progressing evenly upward.

For use with the mainframe program, the ID and line-ID requirements are less rigid. See Health Habits and History Questionnaire information package for further instructions.

Version 02 of this questionnaire (this version) differs slightly from earlier versions. To use the diet analysis program with this version, you must select the "Nonstandard" option ("STANDQ=N"), and provide the program with the following information, when prompted:

Number of characters = 960

Position of variables:											
	Card	Col.		Card	Col.		Card	Col.		Card	Col.
Name	A	17	Amt. of weight change	J	67	Type of cooking fat	J	54			
Age	C	18	First special diet	C	70	Fat on vegetables	J	56			
Sex	C	20	Second special diet	C	71	Intake of vitamins	C	43			
Height (ft.)	L	43	Whether eats skin	J	47	Intake of multiple vits.	C	44			
Height (in.)	L	44	Whether eats fat	J	48	Intake of single vits.	C	53			
Weight	L	46	Freq. of cooking fat	J	51	Intake of other vits.	C	69			
Weight change	J	68	Unit of cooking fat	J	53	Types of restaurants	C	72			

In addition, if you set VEGADJ = Y, tell it J61 when prompted.

In addition, if you set ADDSALT = Y, tell it J49 when prompted.

In addition, if you set COLDCER = Y, tell it J58 when prompted.

In addition, if you set FRTADJ = Y, tell it J64 when prompted.

Number of food fields = 12

Field	Card	Col.	# foods	Field	Card	Col.	# foods	Field	Card	Col.	# foods
1	D	11	15	5	F	11	17	9	G	59	5
2	D	75	1	6	G	11	4	10	H	11	17
3	E	11	12	7	G	31	7	11	I	11	7
4	E	63	4	8	E	59	1	12	I	43	5

All 98 foods included? No

Number not included = 3 Which ones = 6 8 20

Number of extra foods = 3

1 Food: Card D col. 71 Food code: Card I col. 67

2 Food: Card G col. 27 Food code: Card I col. 69

3 Food: Card I col. 39 Food code: Card I col. 71

Number of open-ended foods = 6 Open-ended information starts in Card J col. 11.

If you modify this questionnaire, you must change the above variables to correspond with your revised version.

# PERSONAL INFORMATION, HABITS

1. When were you born? \_\_\_\_\_  
Month Day Year

11

2. How old are you? \_\_\_\_\_ years

18

3. Sex: 1 \_\_\_ Male 2 \_\_\_ Female

20

4. Race or ethnic background:

- 1 \_\_\_ White, not of Hispanic origin 4 \_\_\_ American Indian/Alaskan native  
2 \_\_\_ Black, not of Hispanic origin 5 \_\_\_ Asian  
3 \_\_\_ Hispanic 6 \_\_\_ Pacific Islander

21

5. Please circle the highest grade in school you have completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

22

6. What is your marital status? 1 \_\_\_ Single 3 \_\_\_ Widowed  
2 \_\_\_ Married 4 \_\_\_ Divorced/Separated

24

7. How many times have you moved or changed residences in the last ten years? \_\_\_\_\_ times

25

8. Have you smoked at least 100 cigarettes in your entire life? 1 \_\_\_ No 2 \_\_\_ Yes If Yes, →

27

IF YES: About how old were you when you first started smoking cigarettes fairly regularly?

\_\_\_\_\_ years old

28

On the average of the entire time you smoked, how many cigarettes did you smoke per day?

\_\_\_\_\_ cigarettes per day

30

Do you smoke cigarettes now? 1 \_\_\_ No 2 \_\_\_ Yes

32

IF NO: How old were you when you stopped smoking? \_\_\_\_\_ years old

33

IF YES: On the average, about how many cigarettes a day do you smoke now? \_\_\_\_\_ cigarettes

35

9. Have you ever smoked a pipe or cigars regularly? 1 \_\_\_ No 2 \_\_\_ Yes If Yes, →

37

IF YES: For how many years? \_\_\_\_\_ years

38

About how much? \_\_\_\_\_ pipes or cigars per \_\_\_\_\_  
(day or week)  
1 2

40

10. During the past year, have you taken any vitamins or minerals?

1 \_\_\_ No 2 \_\_\_ Yes, fairly regularly 3 \_\_\_ Yes, but not regularly If Yes, →

43

What do you take fairly regularly? # of PILLS per DAY, WEEK, etc.

Multiple Vitamins

One-a-day type \_\_\_\_\_ pills per \_\_\_\_\_

44

Stress-tabs type \_\_\_\_\_ pills per \_\_\_\_\_

47

Therapeutic, Theragran type \_\_\_\_\_ pills per \_\_\_\_\_

50

Other Vitamins

Vitamin A \_\_\_\_\_ pills per \_\_\_\_\_ → \_\_\_\_\_ IU per pill

53

Vitamin C \_\_\_\_\_ pills per \_\_\_\_\_ → \_\_\_\_\_ mg per pill

57

Vitamin E \_\_\_\_\_ pills per \_\_\_\_\_ → \_\_\_\_\_ IU per pill

61

Calcium or dolomite \_\_\_\_\_ pills per \_\_\_\_\_ → \_\_\_\_\_ mg per pill

65

Other (What?) 1 \_\_\_ Yeast 2 \_\_\_ Selenium 3 \_\_\_ Zinc 4 \_\_\_ Iron 5 \_\_\_ Beta-carotene

69

6 \_\_\_ Cod liver oil 7 \_\_\_ Other \_\_\_\_\_

Please list the brand of multiple vitamin/mineral you usually take: \_\_\_\_\_

11. Are you on a special diet?

1 \_\_\_\_ No 2 \_\_\_\_ Weight loss 3 \_\_\_\_ For medical condition 4 \_\_\_\_ Vegetarian 5 \_\_\_\_ Low salt  
6 \_\_\_\_ Low cholesterol 7 \_\_\_\_ Weight gain

OFFICE USE

70 \_\_\_\_

12. How often do you eat the following foods from *restaurants* or *fast food places*?

RESTAURANT FOOD	1 Almost every day	2 2-4 times a week	3 Once a week	4 1-3 times a month	5 5-10 times a year	6 1-4 times a year	7 Never, or less than once a year
Fried chicken							
Burgers							
Pizza							
Chinese food							
Mexican food							
Fried fish							
Other foods							

72 \_\_\_\_

73 \_\_\_\_

74 \_\_\_\_

75 \_\_\_\_

76 \_\_\_\_

77 \_\_\_\_

78 \_\_\_\_

13. This section is about your *usual* eating habits. Thinking back over the past year, how often do you usually eat the foods listed on the next page?

First, check (✓) whether your usual serving size is small, medium or large. (A small portion is about one-half the medium serving size shown, or less; a large portion is about one-and-a-half times as much, or more.)

Then, put a **NUMBER** in the most appropriate column to indicate **HOW OFTEN**, on the average, you eat the food. You may eat bananas *twice a week* (put a 2 in the "week" column). If you never eat the food, check "Rarely/Never." Please **DO NOT SKIP** foods. And please **BE CAREFUL** which column you put your answer in. It will make a big difference if you say "Hamburger once a day" when you mean "Hamburger once a week"!

Some items say "in season." Indicate how often you eat these just in the 2-3 month time when that food is in season. (Be careful about overestimating here.)

Please look at the *example* below. This person

- 1) eats a medium serving of cantaloupe once a week, in season.
- 2) has ½ grapefruit about twice a month.
- 3) has a small serving of sweet potatoes about 3 times a year.
- 4) has a large hamburger or cheeseburger or meat loaf about four times a week.
- 5) never eats winter squash.

EXAMPLE:

	Medium Serving	Your Serving Size			How often?				
		S	M	L	Day	Week	Month	Year	Rarely/ Never
Cantaloupe (in season)	¼ medium		✓			1			
Grapefruit	(½)		✓				2		
Sweet potatoes, yams	½ cup	✓						3	
Hamburger, cheeseburger, meat loaf	1 medium				4				
Winter squash, baked squash	½ cup								✓

PLEASE GO TO NEXT PAGE

-4-

FOR OFFICE USE

On the following two pages,  
code the four characters for each  
food as follows:

S-1	No.	Da-1
M-2	Times	Wk-2
L-3		Mo-3
NS-9	NS-99	Yr-4
		Nev-5
		NS-9

If respondent places a checkmark in the "How often" columns, **do not** impute "01", once. Instead, code "99", Not Stated. If respondent does not check a portion size, **do not** impute medium, but code "9".

C  
79 80

	Medium Serving	Your Serving Size		
<b>FRUITS &amp; JUICES</b>		<b>S</b>	<b>M</b>	<b>L</b>
EXAMPLE – Apples, applesauce, pears	(1) or ½ cup		✓	
Apples, applesauce, pears	(1) or ½ cup			
Bananas	1 medium			
Peaches, apricots (canned, frozen or dried, whole year)	(1) or ½ cup			
Peaches, apricots, nectarines (fresh, in season)	1 medium			
Cantaloupe (in season)	¼ medium			
Watermelon (in season)	1 slice			
Strawberries (fresh, in season)	½ cup			
Oranges	1 medium			
Orange juice or grapefruit juice	6 oz. glass			
Grapefruit	(½)			
Tang, Start breakfast drinks	6 oz. glass			
Other fruit juices, fortified fruit drinks	6 oz. glass			
Any other fruit, including berries, fruit cocktail	½ cup			
<b>VEGETABLES</b>		<b>S</b>	<b>M</b>	<b>L</b>
String beans, green beans	½ cup			
Peas	½ cup			
Chili with beans	¾ cup			
Other beans such as baked beans, pintos, kidney beans, limas	¾ cup			
Corn	½ cup			
Winter squash, baked squash	½ cup			
Tomatoes, tomato juice	(1) or 6 oz.			
Red chili sauce, taco sauce, salsa picante	2 Tblsp. sauce			
Broccoli	½ cup			
Cauliflower or brussel sprouts	½ cup			
Spinach (raw)	¾ cup			
Spinach (cooked)	½ cup			
Mustard greens, turnip greens, collards	½ cup			
Cole slaw, cabbage, sauerkraut	½ cup			
Carrots, or mixed vegetables containing carrots	½ cup			
Green salad	1 med. bowl			
Salad dressing, mayonnaise (including on sandwiches)	2 Tblsp.			
French fries and fried potatoes	¾ cup			
Sweet potatoes, yams	½ cup			
Other potatoes, including boiled, baked, potato salad	(1) or ½ cup			
Rice	¾ cup			
Any other vegetable, including cooked onions, summer squash	½ cup			
Butter, margarine or other fat on vegetables, potatoes, etc.	2 pats			
<b>MEAT, FISH, POULTRY &amp; MIXED DISHES</b>		<b>S</b>	<b>M</b>	<b>L</b>
Hamburgers, cheeseburgers, meat loaf	1 medium			
Beef—steaks, roasts	4 oz.			
Beef stew or pot pie with carrots, other vegetables	1 cup			
Liver, including chicken livers	4 oz.			
Pork, including chops, roasts	2 chops or 4 oz.			
Fried chicken	2 sm. or 1 lg. piece			
Chicken or turkey, roasted, stewed or broiled	2 sm. or 1 lg. piece			
Fried fish or fish sandwich	4 oz. or 1 sand.			
Tuna fish, tuna salad, tuna casserole	½ cup			
Shell fish (shrimp, lobster, crab, oysters, etc.)	(5) ¼ cup or 3 oz.			
Other fish, broiled, baked	4 oz.			
Spaghetti, lasagna, other pasta with tomato sauce	1 cup			
Pizza	2 slices			
Mixed dishes with cheese (such as macaroni and cheese)	1 cup			

[illegible]

OFFICE USE	
11	_____
15	_____
19	_____
23	_____
27	_____
31	_____
35	_____
39	_____
43	_____
47	_____
51	_____
55	_____
59	_____
63	_____
67	_____
71	_____
75	_____
11	_____
15	_____
19	_____
23	_____
27	_____
31	_____
35	_____
39	_____
43	_____
47	_____
51	_____
55	_____
59	_____
63	_____
67	_____
71	_____
75	_____
11	_____
15	_____
19	_____
23	_____
27	_____
31	_____
35	_____
39	_____
43	_____
47	_____
51	_____
55	_____
59	_____
63	_____
67	_____
71	_____



14. Think about your diet over the last year and the responses you have just made on this questionnaire. Are there any foods not mentioned which you ate *at least once a week*, even in small quantities, or ate frequently in a particular season? Consider other meats, breakfast foods, catsup, green chilies or jalapenos, avocado (guacamole), Mexican dishes, Chinese or other ethnic foods, other fruits or vegetables, as well as nutritional supplements (bran, etc.). Please take a look at the list of foods at the bottom of the page.

FOOD

	Your Serving Size			How Often?		OFFICE USE Code    Amounts
	S	M	L	Day	Week	
						11
						17
						23
						29
						35
						41

	1 Seldom/Never	2 Sometimes	3 Often/Always		
15. How often do you eat the skin on chicken?	_____	_____	_____	47	___
How often do you eat the fat on meat?	_____	_____	_____	48	___
How often do you add salt to your food?	_____	_____	_____	49	___
How often do you add pepper to your food?	_____	_____	_____	50	___
16. How often do you use fat or oil in cooking?					
For example, in frying eggs, meat or vegetables? _____ times per _____				51	___
17. What do you <i>usually</i> cook with? 1 ___ Don't know or don't cook 2 ___ Soft margarine					
3 ___ Stick margarine 4 ___ Butter 5 ___ Oil 6 ___ Lard, fatback, bacon fat				54	___
7 ___ Pam or no oil					
18. What kind of fat do you <i>usually</i> add to vegetables, potatoes, etc?					
1 ___ Don't add fat 2 ___ Soft margarine 3 ___ Stick margarine 4 ___ Butter				56	___
5 ___ Half butter, half margarine 6 ___ Lard, fatback, bacon fat					
19. If you eat cold cereal, what kind do you eat most often? _____				58	___
20. Not counting salad or potatoes, about how many					
vegetables do you eat per day or per week?	_____	per	_____	61	___
	vegetables		day, week		
21. Not counting juices, how many fruits do you					
usually eat per day or per week?	_____	per	_____	64	___
	fruits		day, week		
22. Have you gained or lost more than five pounds in the past year? (You may check more than one answer.)					
1 ___ No 2 ___ Lost 5-15 lbs. 3 ___ Lost 16-25 lbs. 4 ___ Lost more than 25 lbs.				67	___
5 ___ Gained 5-15 lbs. 6 ___ Gained 16-25 lbs. 7 ___ Gained more than 25 lbs.					
				68	9 9

-7-

DO YOU EAT THESE ONCE A WEEK?

veal, lamb	01	pancakes, waffles	21	onions	41	Hi-C	63
tofu	03	instant breakfast, metrecal	22	summer squash	42	cranberry juice cocktail	64
mixed dish w/meat	04	pudding	23	asparagus	43	grapes	65
mixed dish w/chicken	05	milkshake	24	sweet green peppers	44	mangoes	66
Chinese dishes	06	other dairy product	25	sweet red peppers	45	papayas	67
Mexican dishes	07	other dessert, sweet	26	bean sprouts	46	honeydew or cassaba melon	68
seafood creole	08	sour cream, dips	31	avocado, guacamole	47	lemons or lemon juice	69
refried beans or bean burritos	09	diet salad dressing	32	beets	48	nuts and seeds	70
Polish or Italian sausage	10	catsup	33	pineapple or pineapple juice	61	bran	71
cream soups	11	green chilies, jalapenos	34	prunes or prune juice	62	other vegetable/fruit	79
noodles	12					other not mentioned here	88

# MEDICAL INFORMATION

OFFICE USE

23. In the past five years, how many times have you been hospitalized?  
(if female, omit childbirths) \_\_\_\_\_ times

70 \_\_\_\_\_

24. Have you ever had any of the following tests or treatments?

1  
NO

2  
YES

IF YES,  
HOW MANY AGE AT FIRST  
TIMES? TREATMENT

X-ray treatments for acne, ringworm,  
enlarged tonsils, adenoids, thymus . . .

\_\_\_\_\_

71 \_\_\_\_\_

Treatment with radium, cobalt, or other  
radioactive isotopes . . . . .

\_\_\_\_\_

75 \_\_\_\_\_  $\frac{J}{79 \ 80}$

Upper GI series (x-ray of stomach after  
drinking white liquid) . . . . .

\_\_\_\_\_

11 \_\_\_\_\_

Lower GI series (Barium enema) . . . . .

\_\_\_\_\_

15 \_\_\_\_\_

25. Have you ever been told by a doctor that you had any of the following conditions?

1 2 DON'T  
NO YES KNOW

Heart disease or angina			
Heart attack			
High blood pressure			
Stroke			
Tuberculosis			
Chronic bronchitis or emphysema			
Asthma			
Hay fever			
Diverticulosis			
Rectal/colon polyps			
Chronic colitis			
Diabetes			
Thyroid condition			

1 2 DON'T  
NO YES KNOW

Kidney disease			
Bladder disease			
Liver cirrhosis			
Hepatitis			
Stomach ulcers			
Rheumatoid arthritis			
Other arthritis			
Osteoporosis			
Fractured hip			
Prostate trouble			
Abnormal Pap smear			
Skin cancer			
Leukemia			
Other cancer			

19 \_\_\_\_\_

21 \_\_\_\_\_

23 \_\_\_\_\_

25 \_\_\_\_\_

27 \_\_\_\_\_

29 \_\_\_\_\_

31 \_\_\_\_\_

33 \_\_\_\_\_

35 \_\_\_\_\_

37 \_\_\_\_\_

39 \_\_\_\_\_

41 \_\_\_\_\_

43 \_\_\_\_\_

45 \_\_\_\_\_

If yes to leukemia, skin, or other cancer, fill in below:

What kind of cancer? (Lung, breast, etc.)

Year 1st Diagnosed

46 \_\_\_\_\_

What kind of cancer? (If you had a second)

Year 1st Diagnosed

50 \_\_\_\_\_  
(See codes below)

26. In the past year, have you had

1 2  
NO YES

Bleeding or sore gums . . . . .

\_\_\_\_\_

Bruise easily . . . . .

\_\_\_\_\_

Nosebleeds . . . . .

\_\_\_\_\_

Difficulty seeing in the dark . . .

1 2  
NO YES

Frequent or chronic fever . . . . .

\_\_\_\_\_

Frequent constipation or

hemorrhoids . . . . .

\_\_\_\_\_

54 \_\_\_\_\_

56 \_\_\_\_\_

58 \_\_\_\_\_

PLEASE GO TO NEXT PAGE

-8-

FOR OFFICE USE

Ca	Yr	01—Bladder	09—Liver	17—Rectum
		02—Bone	10—Leukemia	18—Skin—Melanoma
		03—Brain	11—Lung, bronchus	19—Skin—Not melanoma (Basal or squamous)
		04—Breast	12—Lymphoma, including Hodgkins	20—Skin—Not specified
		05—Cervix	13—Mouth, oral	21—Stomach
		06—Colon	14—Ovary	22—Thyroid
		07—Esophagus	15—Pancreas	23—Uterus
		08—Kidney	16—Prostate	24—Other



# OCCUPATIONAL INFORMATION

OFFICE USE

27. What is your current employment status? Check the one that applies to the greatest percent of your time.

- 1 ☐ Employed      4 ☐ Disabled, unable to work      7 ☐ Other  
 2 ☐ Homemaker      5 ☐ Unemployed  
 3 ☐ Retired      6 ☐ Student

60

28. What has been your usual occupation or job — the one you have worked at the longest?  
 (For example, carpenter, executive, salesman, foreman, waitress, truck driver)

Job/occupation

61

Years in this job

70

In your work, did you spend more time 1 ☐ indoors 2 ☐ outdoors? (Please check one.)

72

29. In your work, have you ever been exposed *for a year or more* to any of the following?

	1 NO	2 YES	DON'T KNOW
Asbestos			
Radiation			
Welding			
Coal tar, soot, pitch, creosote, asphalt			
Mineral, cutting or lubricating oil			
Benzidine, beta- naphthylamine			
Benzene			
Isopropyl oil			
Dyestuffs			
Arsenic			

	1 NO	2 YES	DON'T KNOW
Iron foundry			
Nickel smelting			
Underground mining			
Lumber industry, or heavy wood dust			
Rubber or cablemaking industry			
Chemical or plastics industry			
Pesticides, herbicides			
Mustard gas			
Chromium			
Cadmium, beryllium, vinyl chloride			

73

75

77  **K**  
79 80

11

13

15

17

19

21

23

## FAMILY HISTORY

30. Have any close relatives had cancer? 1 ☐ No 2 ☐ Yes

IF YES, please fill this out for each **blood** relative who had cancer. Include your natural parents, sisters and brothers, daughters and sons, grandparents.

One RELATIVE per line (Mother, son, etc.)	Circle one		If Alive, give age	If Dead, give age at death	Type of Cancer	Age at Diag- nosis
	1	2				
	Alive	Dead				
	Alive	Dead				
	Alive	Dead				
	Alive	Dead				
	Alive	Dead				

26 See below

PLEASE GO TO NEXT PAGE

-9-

FOR OFFICE USE

M-1 Sn-5 Dis. codes:  
 F-2 Dt-6 See p. 8  
 B-3 GF-7  
 S-4 GM-8

No. Rel.	Rel.	Al/ Dd.	Age	Dis.	Age
26					

35

## OFFICE USE

43

49

52

53

54

55

58 —

60

61

62

62

64

65

Version # 0 2

Coder:          

# L

79 80